2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2006
Secretary of State

DOCUMENT# 708077

Entity Name: THE MOST WORSHIPFUL UNION GRAND LODGE OF THE MOST ANCIENT AND HONORABLE FRATERNITY OF FREE AND ACCEPTED MASONS OF THE STATE OF FLORIDA, BELIZE, CENTRAL AMERICA AND JURISDICTION THEREUNTO

Current Principal Place of Business:

410 BROAD STREET
ROOM 503
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

P.O BOX 52657
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 59-0814963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, MELVIN F
6318 BARRY DRIVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOORE, MICHAEL R
Address: PO BOX 562
City-St-Zip: TALLAHASSEE, FL 32302

Title: SD ( ) Delete
Name: ROBINSON, PHILLIP A.,
Address: 4221 W NASSAU ST.
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete
Name: WRIGHT, MELVIN F
Address: 6318 BARRY DRIVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. MOORE PRES 07/08/2006

Electronic Signature of Signing Officer or Director — Date